

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCHNECK MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>411 W TIPTON ST SEYMOUR, IN 47274</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint Number: IN00172750</p> <p>Substantiated; State deficiency related to allegations is cited.</p> <p>Date of survey: 08/06/15</p> <p>Facility number: 005060</p> <p>QA: cjl 09/04/15</p>	S 000		
S 952	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-1.5-6(d)</p> <p>(d) Blood transfusions and intravenous medications shall be administered in accordance with state law and approved medical staff policies and procedures. If the blood transfusions and intravenous medications are administered by personnel other than physicians, the personnel shall have special training for these procedures in accordance with subsection (b)(6).</p> <p>This RULE is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure blood was administered according to policy and manufacturer's guidelines for 1 of 5 patient (patient #1) medical records reviewed.</p> <p>Findings:</p>	S 952		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 952	Continued From page 1  1. Facility policy titled "Administration of Blood/Blood Components" last reviewed/revised 5/14 states on page 3 of 8 under Administration of Blood: "....Prepare administration set per package instructions."  2. The package insert for the Blood Infusion Set states under directions: ".....3. Squeeze and release blood filter until filter is completely covered....."  3. Staff member #7 (RN) indicated in phone interview beginning at 1:05 p.m. on 8/6/15 that he/she recalled the blood transfusion with patient #1 and that a family member (name or relationship unknown) was in the room and voiced concerns. He/she indicated that the family member was concerned that he/she (staff member #7) did not fill the chamber with blood to cover the filter. He/she indicated that they did not routinely make sure the filter was covered with blood prior to this, but they do now.	S 952		